

4-H Enrollment Form

*Required Information

Club

*Name

*Address

*City

Zip Code

*Home Phone

E-Mail

Birthdate

Age

Years in 4-H

*School

Grade

Gender

Ethnic

Residence

Parents or Guardians you live with:

*Name

*Work Phone

Name

Work Phone

Additional Parents you Do Not live with:

Name

Work Phone

**I want the Extension Office to be aware of
the following disability or health concern:**